

ATTACHMENT 3

COST BID FORM

***FISCAL YEAR AUDITED:** _____

Personnel Costs										
Staff Person's Name	Position/Title	C/Y or F/Y*	Direct Base Hourly Rate	% Fringe	% G & A	% Profit	Other Indirect	Total Loaded Hourly Rate	# Hours	Total Cost
Personnel Costs Subtotal									\$	

Other Costs	
Travel	
Equipment	
Misc (specifically identify, e.g., postage, copying, etc.)	
Other Costs Subtotal	\$
Personnel Costs Subtotal	\$
TOTAL COSTS	\$

Note: The service provided for each fiscal year audit will be provided in the next fiscal year. For example: the FY07/08 audit will be performed in FY 08/09.

*C/Y - Calendar Year
F/Y - Fiscal Year